

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH SUPPLEMENT ATTACHED

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Winkelman

State Index No. 148

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

2. Full name of child Bobby Fogni

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other. \_\_\_\_\_

6. Legitimate? Yes

7. Date of birth Sept 16 1925  
Month day year

5. No., in order of birth. 1st

8. FATHER

Full name Refugio Fogni

9. Residence (Usual place of abode) Winkelman

If nonresident, give place and state

14. MOTHER

Full maiden name Emilia Valdez

15. Residence (Usual place of abode) Winkelman

If nonresident, give place and state

10. Color or race Mex

11. Age at last birthday 94 (Years)

16. Color or race Mex

17. Age at last birthday 20 (Years)

12. Birthplace (city or place)

(State or country) Yuma  
Ariz

18. Birthplace (city or place)

(State or country) Yuma  
Ariz

13. Occupation Labourer

Nature of industry

19. Occupation Housewife

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

- (a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 11:00 p.m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature Charles B. Hurst

(Physician or midwife)

Address \_\_\_\_\_

Given name added from  
a supplemental report \_\_\_\_\_

Month, day, year.

Filed Oct 8, 1925

1925

Local Registrar.

Registrar.

Filed \_\_\_\_\_

1925

County Registrar.

729-916-157